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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(During Cuth Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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08 SEP -8 PM 3:50



COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: P	REMIUM COV	ERS INC	
	(PROPOSED CORPO	RATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the a	rticles of incorporation and	a check for:
\$70.00	☑ \$78.75	\$78.75	□ \$87.50
Filing Fee		Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	
			& Certificate of Status
		ADDITIONAL CO	
FROM:	NARESH AR	Ne (Printed or typed)	
	. Nar	ne (riinted or typed)	
	79 PERSONE	TTE AVENU	E
		Address	<u></u>
		NJ 0704L	 -
	C	ity, State & Zip	
	0-2 25		
	973.220	Telephone number	

NOTE: Please provide the original and one copy of the articles.

			E: 1:
ARTICLES OF INCORPORATION in compliance with Chapter 607 and/or Chapter	er 621, F.S. (Profi	t)	08 SEP-8 PH 3:56
ARTICLE I NAME			SECTION -8 PM 2.5
The name of the corporation shall be: PRE	MIUM	COVERS	LATILARY OF
			SECRETARY OF STATE LAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE		_	
The principal street address and mailing addres	s, if different is:	2931 FO	RSYTH ROAD
		STE 102 WINTER	DARK
		WINTER	92-8205
ARTICLE III PURPOSE		FL 3 LI	
The purpose for which the corporation is orga	nized is:		- 0 <i><</i>
TO MANUFACTURE	ALL T	TYPES OF	COVERS
ARTICLE IV SHARES			
The number of shares of stock is: \ \ O O			
ARTICLE V INITIAL OFFICERS A	ND/OR DIRECT	ors .	(DIRECTOR)
List name(s), address(es) and specific title(s):	NAGES	W ARYA	CAIRCE
	79 PE	RSONETT	E AVENUE
	VERO		
	マゴ ロ	7044	
	·		
ARTICLE VI REGISTERED AGEN The name and Florida street address (P.O. Bo		e) of the registered ag	ent ic·
The Bully und Tropical Street address (1.0.0)	CURHÁSI	A NAYEE	. ~
	2931 FO	RSYTH RO	AD SIE
	WINTER	PARK	
ARTICLE VII INCORPORATOR	FL 327	192 - 8205	•
The name and address of the Incorporator is:	NARESH	ARYA	
	79 PERS	ARYA ONETTE A	DEMOE
	VERONA	\	
	NJO	7044	
********	*****	******	*****
Having been named as registered agent to accept servi certificate, I am familiar with and accept the appointmen			
Severes		09	104/08
Signature/Registered Agent			Date
1). Anga		0	9/04/08
Signature/Incorporator			Date